

City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Alejandra Virginia ARAYA
 FCC License #: 434401703
 Address: 1429 Yosemite Dr.
 City: Milpitas State: CA Zip: 95035
 Day Telephone: (408) 934-1483 Evening Telephone: SAME

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly. I plan to purchase
mathematic and language supplies to
improve my pre-school program
In Addition I plan to buy sleeping mats.

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. I serve 8 children: ages
4, 4, 3, 3, 2, 2, 2, 1 year old.

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program. Since August 1992
1 year as small Family Daycare and
12 years as large Family Day Care

4. How many Milpitas families do you serve? Include children residing at the environment. 6 Families

Please return completed application to:
 Toby Librande, City of Milpitas Child Care Coordinator
 457 E. Calaveras Blvd.
 Milpitas, Ca 95035
 (408) 586-3203

received
 6/4/03 (6)

5. Do you currently belong to any Professional Child Care Associations?

List memberships. - Milpitas Alliance for Better Child Care

- Funshine Express LEARNING PROGRAM

- Choices for children

6. How many hours a day do you provide Child Care Services?

I provide CARE from 7:00 AM to 6:00 PM.
Monday to Friday.

7. How many adults work in your program? List additional staff and their hours.

Two Adults (my husband & I)

8. How will this grant enhance your existing program?

This Fund will help improve the level in my pre-school program because it will allow me to purchase more educational activities

9. What is the alternative plan if City funding is not granted or if granted at a reduced level?

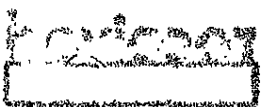
To purchase these items over the course of the year.

10. Amount you are requesting \$ 500.00

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

I do not HAVE Liability Insurance I keep my daycare environment very safe and I use close supervision to the children All the time.

Please return completed application to:
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457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203



City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Sherry Clanton
FCC License #: 430751783
Address: 226 Greentree Way
City: Milpitas State: CA. Zip: 95035
Day Telephone: 263-6879 Evening Telephone: 263-6879

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly. For a pre-school program
a new stroller, and extra liability
insurance

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. 10 month old, 18 month old,
3 years old, 4 years

3. How long have you been a licensed provider? Indicate your length of time providing services for a small and or large family program. I have
been a childcare provider for over 17 years.

4. How many Milpitas families do you serve? Include children residing at the environment. 3 families.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203

received
6/5/03

5. Do you currently belong to any Professional Child Care Associations?

List memberships. Milpitas Alliance for
better childcare.

6. How many hours a day do you provide Child Care Services? 10 hours
a day.

7. How many adults work in your program? List additional staff and their hours. No additional staff just
myself.

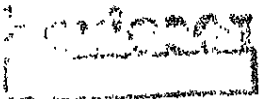
8. How will this grant enhance your existing program? this grant
will help me to teach and prepare these
children for kindergarten. The stroller will
help with the little ones to take the older children
to school and to enjoy the park.

9. What is the alternative plan if City funding is not granted or if granted at a reduced level? possible cost to the parents

10. Amount you are requesting \$. \$1 500.⁰⁰ or the maximum

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained. We have Liability
insurance but would like to get extra
for day-care.

Please return completed application to:
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Milpitas, Ca 95035
(408) 586-3203



To whom it may concern:

The first thing I want to buy with the grant money is the pre-school program, but if I don't get the right ages of children 2-5 years in my daycare then I would buy activity toys, books and other things that would help children ages 0-2 years of age.

Thank You
Mrs. Clanton

received
6/24/03 (12)

100-443887-1

City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Yan Ding

FCC License #: 434 400 968

Address: 877 Vasona St.

City: Milpitas State: Ca Zip: 95035

Day Telephone: (408) 942-6911 Evening Telephone: Same

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly.

I wish to enhance and support my child care's quality.

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. I serve 14 children age 1-5 years.

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program. Since September 1994 9 years - 1 year as Small Child Care, and 8 years as Large Family childcare.

4. How many Milpitas families do you serve? Include children residing at the environment.

I serve 11 Milpitas Families.

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203

received
05/03/02

5. Do you currently belong to any Professional Child Care Associations?

List memberships. Milpitas Alliance

4-c.

6. How many hours a day do you provide Child Care Services?

11 hrs. per day

7. How many adults work in your program? List additional staff and their hours.

3 adults, My Self

Teacher Liang 8:00 - 5:00

Teacher Jui 9:30 - 6:30

8. How will this grant enhance your existing program?

Any additional learning materials, toys etc. are always helpful to the mental and physical growth of children of all ages. So we are going to buy more toys, learning materials and exercise equipment for kids.

9. What is the alternative plan if City funding is not granted or if granted at a reduced level?

Our plan will be held until we have enough money.

10. Amount you are requesting \$. 500.00

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

I do not have Liability Insurance. But I keep my daycare's environment very safety. I also ask my helper to watch kids all the time.

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Milpitas, Ca 95035
(408) 586-3203

City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Donna and David Egusa
FCC License #: 434400954
Address: 1771 Tahoe Drive
City: Milpitas State: CA Zip: 95035
Day Telephone: 263-7136 Evening Telephone: same

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly. Items to enhance and update my playroom with the emphasis on pre-school appropriate learning toys and role playing toys to help them see themselves in many different lights.

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. 13; 2 months old - 19 yrs. old.

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program. 24 years

4. How many Milpitas families do you serve? Include children residing at the environment. 6 families = 9 children

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203

received
10/9/03 (2)

5. Do you currently belong to any Professional Child Care Associations?
List memberships. no

6. How many hours a day do you provide Child Care Services? 12

7. How many adults work in your program? List additional staff and their hours. 2

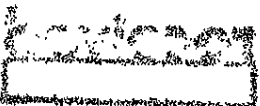
8. How will this grant enhance your existing program? my "babies" have become preschoolers with a great curiosity and their learning will be greatly enhanced.

9. What is the alternative plan if City funding is not granted or if granted at a reduced level? we will slowly upgrade as our funds allow.

10. Amount you are requesting \$. 500⁰⁰

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained. yes - 1,000,000 with Scottsdale Ins.

Please return completed application to:
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457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203



City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Kim Dagman
FCC License #: 430757017
Address: 221 Greentree Way
City: Milpitas State: Ca Zip: _____
Day Telephone: 408 263 2041 Evening Telephone: cell 205 4338

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly. for Mother Goose times
a preschool program. Wagon or umbrella
for shade in back yard. Riding bikes for kids.

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. Jonathan, Alyse, Morgan
Carlos and Jose

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program. 11 years

4. How many Milpitas families do you serve? Include children residing at the environment. 4 families

Please return completed application to:
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Milpitas, Ca 95035
(408) 586-3203

received
6/9/03 (6)

5. Do you currently belong to any Professional Child Care Associations?
List memberships. Milpitas Alliance for Better

child care

6. How many hours a day do you provide Child Care Services? _____

10 hours a day

7. How many adults work in your program? List additional staff and their hours. _____

None

8. How will this grant enhance your existing program? The children
will get activities that range from arts and
games, storytelling exercises.

9. What is the alternative plan if City funding is not granted or if granted at a reduced level? _____

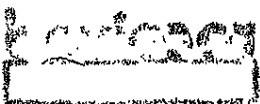
Cost will go ~~to~~ the parents

10. Amount you are requesting \$. \$ 500.00

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained. _____

yes

Please return completed application to:
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457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203



City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Judy LIGON
FCC License #: 430757685
Address: 1190 Burdett WAY
City: Milpitas State: CA Zip: 95035
Day Telephone: 946-4420 Evening Telephone: same

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly. to better my facilities and safety of my day care

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. four children ages of two and three years of age

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program. License 1985

4. How many Milpitas families do you serve? Include children residing at the environment. Four families, four children

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203

received
6/5/03 (8)

5. Do you currently belong to any Professional Child Care Associations?

List memberships. Milpitas Alliance, choices for children
family care

6. How many hours a day do you provide Child Care Services? 10 hrs

a day five days a week

7. How many adults work in your program? List additional staff and their hours. none

8. How will this grant enhance your existing program? It will provide
safety for my facilities and enhance new skills

9. What is the alternative plan if City funding is not granted or if granted at a reduced level? raising funding on my own

10. Amount you are requesting \$. open

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained. State Farm Insurance

Please return completed application to:
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Milpitas, Ca 95035
(408) 586-3203

City of Milpitas Application For Family Child Care Support Program

Name of Applicant: _____

FCC License #: 430757685

Address: 1190 Burdett Way

City: Milpitas State: CA Zip: 95035

Day Telephone: 946-4420 Evening Telephone: same

1. For what purpose(s) are you seeking a Family Child Care Support program grant? Describe briefly. I plan to purchase books, balls, stroller, floor rug for their play area, sec-saw

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. _____

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program. _____

4. How many Milpitas families do you serve? Include children residing at the environment. _____

received
6/16/03 (12)

5. Do you currently belong to any Professional Child Care Associations? List memberships. _____

6. How many hours a day do you provide Child Care Services? _____

7. How many adults work in your program? List additional staff and their hours. _____

8. How will this grant enhance your existing program? _____

9. What is the alternative plan if City funding is not granted or granted at a reduced level? _____

10. Amount you are Requesting \$. 500.

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained. _____

City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Samira Samrahi (Sami)

FCC License #: 43460940

Address: 1253 Fallen Leaf Dr.

City: milpitas State: CA Zip: 95035

Day Telephone: 40819468173 Evening Telephone: 40819468173

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly. _____

To Improve the services
in my day care.

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care. 8

3. How long have you been a licensed provider? Indicate your length of time providing services for a small and or large family program. _____

1994 19 Years

4. How many Milpitas families do you serve? Include children residing at the environment. 8

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203

received
01/31/03 JS

5. Do you currently belong to any Professional Child Care Associations?
List memberships. _____

No

6. How many hours a day do you provide Child Care Services? _____

10 Hours.

7. How many adults work in your program? List additional staff and their hours. _____

none

8. How will this grant enhance your existing program? _____

Afect very well to get what
I need for serving the day care

9. What is the alternative plan if City funding is not granted or if granted at a reduced level? _____

not too much help. what
we're looking for.

10. Amount you are requesting \$. _____

500

Tobly patio set and Barbeque to
cook for the kiddos /

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained. _____

No

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408) 586-3203

Dear Toby

change request in my Grant.

Patio set to use out-doors

Extra food storage for the kids.

Thanks melians
Child care provider.
Saman Samant
6/12/03

received
6/11/03 (8)

City of Milpitas Application For Family Child Care Support Program

Name of Applicant: Rosa M. Ruiz
FCC License #: 434402922
Address: 424 Heath St.
City: Milpitas State: CA Zip: 95038
Day Telephone: (408) 945-6399 Evening Telephone: (408) 945-6399

1. For what purpose(s) are you seeking a Family Child Care Support Program grant? Describe briefly.

To buy more of materials needed in the child care. Learning materials, mobile chairs & tables - indoor & outdoor playing materials

2. Indicate the number of children you serve. List the minimum/maximum ages currently in your care.

6 children
3 mo. 5 mo a toddlers 2 to 3 1/2 year old

3. How long have you been a licensed provider? Indicate your length of time providing services for a small/and or large family program.

4-29-1998
6:00 AM. To 6:00 PM.

4. How many Milpitas families do you serve? Include children residing at the environment.

6 families

Please return completed application to:
Toby Librande, City of Milpitas Child Care Coordinator
457 E. Calaveras Blvd.
Milpitas, Ca 95035
(408)586-3203

received
5/28/03

5. Do you currently belong to any Professional Child Care Associations? List memberships.

Milpitas Alliance
4 C's

6. How many hours a day do you provide Child Care Services?

8 eight hours a day, but some are part time only

7. How many adults work in your program? List additional staff and their hours.

2 (me & my husband)

8. How will this grant enhance your existing program?

Very very important - To improve quality child care & improve also the services provided by the providers

9. What is the alternative plan if City funding is not granted or if granted at a reduced level?

The provider will find ways or have to improve the quality of child care from our own perspective

10. Amount you are requesting \$. 500.00

(five hundred dollars or more)

11. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Before, but not this time if our child care will be stable, because of unemployment of parents but I hope we will have again liability insurance again

Please return completed application to:
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are part time now mostly